

Orange County Department of Social Services  
Foster / Adoptive Parent Inquiry Form

Date of Inquiry: \_\_\_\_\_ Social Worker: \_\_\_\_\_ (if applicable)

Name: \_\_\_\_\_

Name of Spouse/Partner: \_\_\_\_\_

Address: \_\_\_\_\_

*BEST* phone number to reach you: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Interest:        \_\_\_ Foster Care                        \_\_\_ Adoption  
                     \_\_\_ Both                                        \_\_\_ Undecided

How did you hear about our program? (flyer, online, friends, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Marital Status: \_\_\_ (Married), \_\_\_ (Single), \_\_\_ (Separated), \_\_\_ (Divorced)

\*\*\*If married, has it been one year or more? \_\_\_ How Long \_\_\_\_\_

Who lives in the home? (Names, Ages, Sex, Relationship to You)

\*\*\*Include Children and Adults in the home ages 18 and over.

Household Member: \_\_\_\_\_ Age \_\_\_ sex \_\_\_ Relationship \_\_\_\_\_

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Bedroom Space: (Indicate who sleeps in which bedroom, how many beds and the size of bed. (i.e. twin, bunk, full, queen, etc.)

Bedroom 1: \_\_\_\_\_ How many beds \_\_\_ Size/Type \_\_\_\_\_

Bedroom 2: \_\_\_\_\_ How many beds \_\_\_ Size/Type \_\_\_\_\_

Bedroom 3: \_\_\_\_\_ How many beds \_\_\_ Size/Type \_\_\_\_\_

Bedroom 4: \_\_\_\_\_ How many beds \_\_\_ Size/Type \_\_\_\_\_

Employment Information:

Adult 1

Adult 2

Full Time: \_\_\_\_\_  
\_\_\_\_\_  
(Name/Address of Employer)

Full Time: \_\_\_\_\_  
\_\_\_\_\_  
(Name/Address of Employer)

Part Time: \_\_\_\_\_  
\_\_\_\_\_  
(Name/Address of Employer)

Part Time: \_\_\_\_\_  
\_\_\_\_\_  
(Name/Address of Employer)

Previous Foster Care or Adoption Experience:

1. Have you volunteered as a foster parent for another agency? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Have you provided long-term care to a child in foster care or to any child other than your own? \_\_\_\_\_ YES \_\_\_\_\_ NO
3. Were you in foster care at any time in your life or adopted as a child? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain below: (Age, Agency, County, State)

\_\_\_\_\_  
\_\_\_\_\_

4. Have you or your spouse/partner ever been investigated by CPS (Child Protective Services) If yes, please explain the outcome: \_\_\_\_\_

\_\_\_\_\_

5. Have you completed the required GPS: MAPP training? If so, in what county/state and/or at what agency?

\_\_\_\_\_  
\_\_\_\_\_

6. Do you currently know a child and/or involved with a child in DSS custody? Please explain (county/state)

\_\_\_\_\_  
\_\_\_\_\_

Please provide your current School District: (List the school(s) a child would attend if placed in your home.)

Elementary: \_\_\_\_\_

Middle: \_\_\_\_\_

High: \_\_\_\_\_

